

Date (DD/MM/YYYY)	OPD No. (New)	OPD No. (Revisit)	Referred From 1=CU, 2=From other facility, 3= Within 4=N/A	Full Names ( <i>THREE names</i> )	Age	Sex	County/Sub- county	Village / Estate / Landmark	Parent/ Caregiver's Telephone No.	Weight (kg)	Height /Length (cm)
A	B	C	D	E	F	G	H	I	J	K	L

[illegible]

Female:	Male:

**No. of Re-attendants:**

Given	Number
CPAP	
IV Fluids (Ringers Lactate)	

Given	Number:
ORS & Zinc (Co-pack)	
ORS Only	
Zinc only	
Amoxycillin(DT) for Pneumonia	
Vitamin A	

<b>Given</b>	<b>Number:</b>
Oxygen	
Albendazole	
<b>Checked For</b>	<b>Number:</b>
Danger Signs	
Oxygen Saturation Reading (SPO2)	